

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09/523, 511	FILING DATE 3/10/2000				
CLAIMS							*		*		*	
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.	51					
1							52					
2							53					
3							54					
4							55					
5							56					
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42							93					
43							94					
44							95					
45							96					
46							97					
47							98					
48							99					
49							100					
50												
TOTAL IND.	3											
TOTAL DEP.	31											
TOTAL CLAIMS	34											